



## AUTHORIZATION FOR AUTOMATIC DEBITS (ACH)

Monthly Payment

Company: Westgate Resorts

Tax I.D. #59-1454503

Contract #: \_\_\_\_\_

Unit/Week: \_\_\_\_\_

Name: \_\_\_\_\_

Monthly Payments: \$\_\_\_\_\_

Type of Account: (Circle One)    **Checking**    **Savings**

I authorize Westgate Resorts, Ltd. to debit my account at the institution named below. Debits will begin  
on \_\_\_\_\_ .  
MM/DD/YY

This authority is to remain in full force and effect until Westgate Resorts has received written notification from me to terminate in such time and manner as to afford Westgate Resorts and the institution named reasonable opportunity to act upon it.

**\*\*CHECKS MUST BE DRAWN ON U.S. BANK\*\***

**VOIDED CHECK REQUIRED  
PLEASE ATTACH HERE**

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA#: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Date)



CREDIT CARD AUTHORIZATION  
MORTGAGE PAYMENTS

AUTORIZACION DE TARJETA DE CREDITO PARA PAGOS MENSUALES DE HIPOTECA

Name: \_\_\_\_\_ Loan Acct # \_\_\_\_\_

Nombre

Número de Cuenta

Address: \_\_\_\_\_ Unit/Week \_\_\_\_\_  
Dirección Unidad / Semana

\_\_\_\_\_  
\_\_\_\_\_

Visa ☐ Amex ☐ Diners ☐  
Master Card ☐ Discover ☐

Fax # \_\_\_\_\_

No. Fax

**NOTIFY C.F.I. WITH NEW EXPIRATION DATE OR NEW CREDIT CARD NUMBER. WRITTEN NOTIFICATION IS REQUIRED TO VOID THIS AUTHORIZATION.**

*FAVOR NOTIFICAR CAMBIO RELACIONADO CON SU TARJETA DE CREDITO COMO FECHA DE EXPIRACION O NUEVA TARJETA DE CREDITO. ES REQUERIDO POR ESCRITO INVALIDACION DE ESTA AUTORIZACION!*

**I, THE UNDERSIGNED, AUTHORIZE CENTRAL FLORIDA INVESTMENTS, INC. TO DEBIT MY CREDIT CARD FOR MONTHLY MORTGAGE PAYMENTS. AUTOMATIC CHARGES WILL BEGIN WITH THE \_\_\_\_\_ PAYMENT, IN THE AMOUNT OF \$ \_\_\_\_\_ AND WILL CONTINUE UNTIL THE MORTGAGE IS PAID IN FULL OR THIS AUTHORIZATION IS VOIDED IN WRITING.**

YO, EL ABAJO FIRMANTE AUTORIZO A CENTRAL FLORIDA INVESTMENTS, INC. A DEBITAR MI TARJETA DE CREDITO PARA EFECTUAR LOS PAGOS MENSUALES DE MI HIPOTECA. LOS PAGOS COMENZARAN EL \_\_\_\_\_ POR LA CANTIDAD DE \$ \_\_\_\_\_ Y CONTINUARA HASTA QUE LA HIPOTECA SEA PAGADA EN SU TOTALIDAD O ESTA AUTORIZACION SEA INVALIDADA POR ESCRITO.

Credit Card Number

No. De La Tarjeta

Cardholder Signature

Firma del Miembro

Expiration Date

Fecha de Expiración

Date

Fecha

*Westgate Resorts uses both the credit and debit card networks to process mortgage payments. Debit cards eligible for processing through the debit network will be processed as such unless the opt-out box is checked. If the opt out box is checked, your payment will be processed through the credit card network.*

☐ Debit Opt-Out